MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02587

2599

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9. FilmG18- 4-18-55 e t

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Proj Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue

STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) BRAWNER

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	M	NOV 1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Woods Labor	Farming	Clark Co Md	U.S.A.

13. FATHER'S NAME: Frank Brawner

14. MOTHER'S MAIDEN NAME: Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Florence H Brawner Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Acute congestive failure	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO arteriosclerosis	20 years.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 25 Feb., 19 55, to 6 Mar., 19 55, that I last saw the deceased alive on 6 Mar., 19 55, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frederick M. Johnson	M.D.	La Plata Md	7 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-10-1955	Holy Ghost	Issue Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/55	Julia H. Casey	Hunt & Fyo.	Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

02588

26 0

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location) X / 1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Butler

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Nov 13, 1949

9. AGE last birthday: 6 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E Butler

14. MOTHER'S MAIDEN NAME: Marguerite Bucon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James Butler Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0

Immediate cause (a) Decapitation from 20 gauge

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) shot gun blast

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3-21-55

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 10:00 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? 6 yr old sister playing w Gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C Hedelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF March 23 55; NAME OF CEMETERY OR CREMATORY St Peters; LOCATION (City, town, or county) Waldorf; (State) Md

DATE REC'D BY LOCAL REG. 3-22-55; REGISTRAR'S SIGNATURE M L Mowatt

24. FUNERAL DIRECTOR: Hunt & Ryon; ADDRESS Waldorf, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02589

Reg. Dist. No. 400

2691

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X HUGHESVILLE

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HUGHESVILLE X

STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) GILL (Last) CANTER

4. DATE OF DEATH: (Month) MARCH (Day) 29 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE-US	MARRIED	JUNE 8, 1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	MARYLAND	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
HENRY CANTER	ALICE SOTHORON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO —	—	MRS. ETHEL LONG HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC NEPHRO-SCLEROSIS (TERMINAL URENIA)	2 YEARS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS
DUE TO		
420.0	(c) ARTERIO SCLEROTIC HEART DISEASE	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from JUNE, 1947, to MARCH 29 1955, that I last saw the deceased alive on MARCH 29, 1955, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville Md.	3/31/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/55	Old Field	Hughesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/55	Julia H Casey	Hunt & Cyon	Waldorf Md.

02590

2692

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INKS. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Ches- — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport — MARYLAND — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tompkinsville — STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Ralph (Last) Copher

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 55

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — 8. DATE OF BIRTH: Mar 3 1904 — 9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Albert Copher — 14. MOTHER'S MAIDEN NAME: Sarah Guyton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): — 16. SOCIAL SECURITY No.: — 17. INFORMANT AND ADDRESS: Mrs. H. Hayden, Dalgren, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822X Immediate cause (a) Crushed Chest — Interval between onset and death: 3-27-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident — 3-27-55

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) Newport — (COUNTY) Ches — (STATE) Md

TIME OF INJURY (Month) 3 (Day) 27 (Year) 55 (Hour) 8 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Driver of car that overturned on turn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Edelen — (Degree or title): MD — ADDRESS: LaPlata Md — DATE SIGNED: 3-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/30/55 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue, Md

DATE RECD BY LOCAL REG.: 3/29/55 — REGISTRAR'S SIGNATURE: Julia H Causey — 24. FUNERAL DIRECTOR: Arehart Funeral Home — ADDRESS: LaPlata, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02591

2613

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Copher

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 10 55

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Henry Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Respiratory Collapse	10 min
DUE TO		
Antecedent cause(s) (b)	Congestive heart failure	3 mos.
DUE TO		
(c)	Senile Cardio-renal disease	2 years.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19.54, to 15 Mar, 19.55, that I last saw the deceased alive on 15 Mar, 19.55, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE J. Brooks (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 15 Mar 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-17-55 — NAME OF CEMETERY OR CREMATORY Holy Ghost - Issue — LOCATION (City, town, or county) Issue — (State) Md

DATE REC'D BY LOCAL REG. 3/16/55 — REGISTRAR'S SIGNATURE Julia H Baney

24. FUNERAL DIRECTOR Hunt & Ryon — Waldorf, Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02592

2694

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) Davis (Last)

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	single	3-10-55	yrs.			4	6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Louis Davis	Vera Elsie Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		Wm. L. Davis, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3-11-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) None

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11 19 55, to 3-11, 19 55, that I last saw the deceased alive on 3-11, 19 55, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) MD — ADDRESS La Plata, Md. — DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/13/55		Waldorf Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/55	Julia A. Carey	Wm. L. Davis	Waldorf Md

2035293236

4671 Way 2646

26 15 MARYLAND STATE DEPARTMENT OF HEALTH 02593

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Clas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mudhills Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Day

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 55

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): D | 8. DATE OF BIRTH: 1-22-12 | 9. AGE last birthday: 43 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Josh Day
14. MOTHER'S MAIDEN NAME: Kate Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Christine Johnson, Longlevens, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck — Interval between onset and death: 3-28-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto accident — 3-28-55

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) Marshall — (COUNTY) Corner Clas — (STATE) Md.
TIME OF INJURY: (Month) 3 (Day) 28 (Year) 55 (Hour) 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Rider in auto that overturned on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L. Medlen (Degree or Title) MD ADDRESS: La Plata Md DATE SIGNED: 3-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3/29/55
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Montross Va

DATE REC'D BY LOCAL REG. 3/29/55
REGISTRAR'S SIGNATURE: Julia A Carey
24. FUNERAL DIRECTOR: Arthur Funeral Home — ADDRESS: La Plata Md

VS. A15A

2616 MARYLAND STATE DEPARTMENT OF HEALTH 02594

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) McArthur (Middle) Dupree (Last)

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH (If unknown, give age) about 30 yrs. | 9. AGE last birthday: If under 1 year, Months / Days; If under 24 hrs., Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Tobacco | 11. BIRTHPLACE (State or foreign country) Unk | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unk | 14. MOTHER'S MAIDEN NAME Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unk | 17. INFORMANT AND ADDRESS Friends Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.9 Immediate cause (a) Conflagration — 3-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Waldorf | (COUNTY) Chas | (STATE) Md

TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 1:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? House destroyed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Medelen (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-28-55 | NAME OF CEMETERY OR CREMATORY H Parks | LOCATION (City, town, or county) Waldorf Md (State)

DATE REC'D BY LOCAL REG. 3-30-55 | REGISTRAR'S SIGNATURE M. L. Mercer | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02595

2697

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bryans Roads P O

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural, give location) Bryans Roads P.O.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A (Last) Espach
4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: May 2, 1879
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Atkins
14. MOTHER'S MAIDEN NAME: Anna Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Walter Clark Espach Bryans Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Minutes

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — Indefinite
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-55 19..... to 3-16-55 19....., that I last saw the deceased alive on 3-16 19 55, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Indian Head Md 3-16-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-19-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington | (State) Va

DATE REC'D BY LOCAL REG. 3/16/55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02596

26 8 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY CHARLES — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X HUGHESVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) EILEN (Middle) ROSE (Last) FARMER

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: NEGROUS

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCTOBER 15, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: RICHARD BRISCOE

14. MOTHER'S MAIDEN NAME: LUCY CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: HORTENSE WOODWARD HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteio Sclerotic Heart Disease (Congestive Failure) — Interval Between Onset And Death 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteio-Sclerosis — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1947, to 3/10, 1955, that I last saw the deceased alive on 3/10, 1955, and that death occurred at 11 30 PM, from the causes and on the date stated above.

SIGNATURE John N. Griffin (Degree or title) M.D. ADDRESS Hughesville Md. DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-14-55 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) Bryantown — (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/14/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Hurtt & Ryon — ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012597

CERTIFICATE OF DEATH

2619 Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X WALDORE; LENGTH OF STAY (in this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORE X; STREET ADDRESS (If rural give location) STATE ROUTE #5 1

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) GOLDSMITH

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	W-U.S.	WIDOWED	MAY 11, 1867	87 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.

13. FATHER'S NAME: WILLIAM STONESTREET

14. MOTHER'S MAIDEN NAME: SARAH JANE MONTGOMERY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	NONE	MISS EMILY GOLDSMITH WALDORE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331X Immediate cause	(a) CEREBRAL HEMORRHAGE, LEFT	10 HOURS
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) CEREBRAL ARTERIO-SCLEROSIS	5 YEARS
DUE TO		
	(c) GENERALIZED ARTERIO-SCLEROSIS	15 YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JULY, 1954 to MARCH 31, 1955, that I last saw the deceased alive on MARCH 31, 1955 and that death occurred at 10:20 PM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John N. Griffin	M.D.	Nugleville Md.	4/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/4/55	St. Peters	Waldorf	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-4-55	M. L. Moore	Hewitt & Ryon	Waldorf Maryland

2610 MARYLAND STATE DEPARTMENT OF HEALTH 02598

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

Item 7 Film G179 4-5-55 et plus film G180 4-14-55

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pisgah
LENGTH OF STAY (in this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pisgah
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Clifton (Last) Johnson

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-26-23
9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Johnson
14. MOTHER'S MAIDEN NAME: Cora Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-22-8748
17. INFORMANT AND ADDRESS: Chester Swann Indian Head Rock.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X Immediate cause (a) Compression of stomach contents — Interval between onset and death: 3-21-55

Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed from both legs

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) Mason Springs (COUNTY) Chas (STATE) Md.
TIME OF INJURY: (Month) 3 (Day) 21 (Year) 55 (Hour) 12 30 A m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driving auto that hit bridge

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: R. J. Nedelen (Degree or title) MD
ADDRESS: La Plata Md
DATE SIGNED: 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-24-55
NAME OF CEMETERY OR CREMATORY: St Charles
LOCATION (City, town, or county) (State): Indian Head ~~Ne~~ Md

DATE REC'D BY LOCAL REG.: 3/23/55
REGISTRAR'S SIGNATURE: Julia H. Posey
24. FUNERAL DIRECTOR: Penny & Cofer
ADDRESS: Pisgah Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2611

Reg. Dist. No. 7-6 (12598)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LA PLATA

LENGTH OF STAY (in this place): 22 Days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEWPORT

STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) THERESA (Last) KNOTT

4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JUNE 27, 1952

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: CHILD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN W. KNOTT

14. MOTHER'S MAIDEN NAME: MARY A. COLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOHN W. KNOTT NEWPORT, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) BURNS, 2nd + 3RD DEGREE OF 80% BODY SURFACE (FACE, NECK, ARMS, SHOULDERS, ANTERIOR CHEST, TRUNK, BUTTOCKS, AND LEGS) — Interval Between Onset and Death: 22 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) — DUE TO (c)

916.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HOME

(CITY OR TOWN): NEWPORT (COUNTY): CHARLES (STATE): MARYLAND

TIME OF INJURY (Month) FEBRUARY (Day) 7 (Year) 1955 (Hour) 4:00 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? CHILD PLAYING WITH MATCHES; IGNITED CLOTHING AND BURNED 80% OF BODY SURFACE.

22. I hereby certify that I attended the deceased from FEBRUARY 7, 1955, to MARCH 1, 1955, that I last saw the deceased alive on MARCH 1, 1955, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: John W. Griffin, (DEGREE OR TITLE) M. D. ADDRESS: HUGHESVILLE, MARYLAND DATE SIGNED: 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 3/3/1955

NAME OF CEMETERY OR CREMATORY: St Mary's

LOCATION (City, town, or county) (State): Newport Md

DATE REC'D BY LOCAL REG.: 3-3-55

REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR ADDRESS: Dent & Ryon Waldorf Md

2612

02600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: La Plata, Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X La Plata Md
LENGTH OF STAY (In this place): five days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physicians Memorial Hospital, La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head X
STREET ADDRESS (If rural, give location): 9-Strauss Ave. 1

3. NAME OF DECEASED (Type or Print): (First) Edith May (Middle) (Last) Knott

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 55 19

5. SEX: Female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-29-1881

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stanley Smith

14. MOTHER'S MAIDEN NAME: Lucy Tayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/A (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs Catherine Heyman (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Appoplexy	14-Days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-55, 19, to 3-5-55, 19, that I last saw the deceased alive on 3-5-55, 19, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Andrews MD.

ADDRESS: Indian Head Md

DATE SIGNED: 3-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/8/55

NAME OF CEMETERY OR CREMATORY: St Charles

LOCATION (City, town, or county) (State): Clinton, Md.

DATE REC'D BY LOCAL REG. 3/7/55

REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR: Hewitt + Ryon, Waldorf Md.

ADDRESS:

2613

MARYLAND STATE DEPARTMENT OF HEALTH

02601

CERTIFICATE OF DEATH

Item 21 Film 3179 3-23-55 ams FOR MEDICAL EXAMINERS

Items 11, 12, Film 3179 3-1-55 et

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Lawson

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 19 55

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Unknown — 9. AGE Last birthday 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self employed — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Nanjemoy, Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Steven Lawson — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Pauline Craig - Grayton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

936.5

Immediate cause (a) Hemorrhage — 3-11-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Varicose ulcer of leg

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at water front — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-55 m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Left his leg on the side of a piece of timber [illegible] Walking along waterfront caring for boats

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) MD — ADDRESS Lot Md — DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/13/55 — NAME OF CEMETERY OR CREMATORY Oak Grove — LOCATION (City, town, or county) (State) Nanjemoy, Charles Md.

DATE REC'D BY LOCAL REG 3/12/55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Johnson and Gittins — ADDRESS 1702-12th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02602

CERTIFICATE OF DEATH

2614

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X (Rural) Waldorf
LENGTH OF STAY (in this place) 48 yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Waldorf X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Lyles

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 12, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Waldorf, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alex Shorter

14. MOTHER'S MAIDEN NAME: Mary Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robert Lyles, Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (331X)	(a) Cerebral Hemorrhage	1 wk
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	2-3 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1955, to 3/15, 1955, that I last saw the deceased alive on 3/14, 1955, and that death occurred at 2.4 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank A. Hasson M.D. Indian Head, Md. 3-15-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-18-55	St. Joseph Catholic Church	Pomfret, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-18-55	M. L. Monroe	Hewitt & Ryon	Waldorf Md

13

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2615

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02603

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 60

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Columbus (Middle) (Last) Marshall
4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955
6. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid — 8. DATE OF BIRTH: Unk. — 9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joshua Marshall — 14. MOTHER'S MAIDEN NAME: Carrie White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk — (If yes, give war or dates of service): — 16. SOCIAL SECURITY No.: — 17. INFORMANT AND ADDRESS: Charles Marshall, Malcolm, md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Conflagration — INTERVAL BETWEEN ONSET AND DEATH: 3-21-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Waldorf — (COUNTY): Chas — (STATE): Md
TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 1:30 PM — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Home Burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Medelen — (Degree or title): Med — ADDRESS: LaPlata Md — DATE SIGNED: 3-21-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-25-55 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county): Arlington Va — (State):

DATE REC'D BY LOCAL REG. 3-22-55 — REGISTRAR'S SIGNATURE: M. L. Mowbray — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02604

CERTIFICATE OF DEATH

2616 Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicans Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) J. (Last) MITCHELL

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 16, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Mitchell

14. MOTHER'S MAIDEN NAME: Emily E. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: James C. Mitchell - La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Collapse.	3 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral vascular accident.	58 days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 XX, to 10 Mar. 19 55, that I last saw the deceased alive on 10 Mar., 1955, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] MD La Plata. 11 May 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-13-55 NAME OF CEMETERY OR CREMATORY Mount Rest LOCATION (City, town, or county) (State) La Plata, Md

DATE REC'D BY LOCAL REG. 3/13/55 REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Huntt + Ryon ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 026055

2617

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf (Rural) — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf (Rural) X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Moreland

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Widowed

8. DATE OF BIRTH: Sept 21 1882

9. AGE Last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephen Busey

14. MOTHER'S MAIDEN NAME: Martha Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary William Waldorf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X Immediate cause — (a) Congestive Heart Failure — Interval between onset and death: 1 yr 3

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension — 1948

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-55 to 3-12-55 that I last saw the deceased alive on 3-12-55, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE C. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-16-55 — NAME OF CEMETERY OR CREMATORY A. Selkens — LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 3-16-55 — REGISTRAR'S SIGNATURE M. L. Mourk

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02606

2618

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

LENGTH OF STAY (in this place): 7y

HOSPITAL OR INSTITUTION OR STREET ADDRESS: OD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMILY (Last) MURRAY

4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1890

9. AGE Last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JIM Short

14. MOTHER'S MAIDEN NAME: Retty Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Blanche Proctor, Bel Alton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (450.0)	(a) Cardiac failure	2 minutes
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic passive congestion	7 years
	(c) DUE TO arteriosclerosis	20 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb, 1955, to 26 Mar, 1955, that I last saw the deceased alive on 25 Mar, 1955, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Frederick M. Johnson M.D. La Plata, Md. DATE SIGNED: 26 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-29-55 — NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery — LOCATION (City, town, or county) (State): Bel Alton Md

DATE REC'D BY LOCAL REG.: 3/28/55 — REGISTRAR'S SIGNATURE: Julia A Geary

24. FUNERAL DIRECTOR — ADDRESS: Hewitt & Ryon, Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02607

CERTIFICATE OF DEATH

2619

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 St. Mary's Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) Franklin (First) F (Middle) Olmsted (Last)

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-13-92

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): ~~New York~~ Japan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franklin H Olmsted

14. MOTHER'S MAIDEN NAME: Landes Maj Otis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: — —

17. INFORMANT & ADDRESS: Ernestine Flora Olmsted

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X
Immediate cause (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 2-15-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cerebro-Vascular disease

DUE TO

(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-55, 19.., to 3-4-55, 19.., that I last saw the deceased alive on 3-3-55, 19.., and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE E. Hedeler (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 3-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-7-1955 — NAME OF CEMETERY OR CREMATORY Catskill Cemetery — LOCATION (City, town, or county) Catskill (State) New York

DATE REC'D BY LOCAL REG. 3/6/55 — REGISTRAR'S SIGNATURE Julia H. Davey

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02608

2620 CERTIFICATE OF DEATH Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X WALDORF
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHAS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Watham (Middle) C (Last) Potter

4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-16-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): St MARYS, Co, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: FRANK Potter

14. MOTHER'S MAIDEN NAME: Elizabeth Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Cora E. Potter, WALDORF, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 141X (a) DUE TO Cancer of the

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO tongue

(c)

Interval Between Onset And Death 1953 to 1955

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 1-5-39 to 3-26, 1955, that I last saw the deceased alive on 3-21, 1955 and that death occurred at 9 AM, from the causes and on the date stated above.

SIGNATURE E. Hodden (Degree or title) MD ADDRESS LaPlata DATE SIGNED 3-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-28-55 NAME OF CEMETERY OR CREMATORY St Peter's Cemetery LOCATION (City, town, or county) WALDORF (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-30-55 REGISTRAR'S SIGNATURE M. L. Mercer

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS WALDORF, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02609

2621

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, Film 178 3-15-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Thomas Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Rhodes.

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31, 1876

9. AGE last birthday: 78 Yrs. 7 Mo. 11 Da.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas L. Huntt

14. MOTHER'S MAIDEN NAME: Rachel Coome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 220-26-6412B

17. INFORMANT & ADDRESS: William B. Rhodes Pisgah Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4 4 2 X Immediate cause	(a) Cerebral vascular accident.	18 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) hypertension cardio-renal disease	3 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb., 19 55, to 3 Mar., 19 55, that I last saw the deceased alive on 3 Mar., 19 55, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. R. Todd. MD La Plata. 3 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF 3-7-55

NAME OF CEMETERY OR CREMATORY St Charles

LOCATION (City, town, or county) (State) Glymont Md

DATE REC'D BY LOCAL REG. 3/6/55

REGISTRAR'S SIGNATURE Julia D. Casey

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02610

2622

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) H (Last) SAVOY

4. DATE OF DEATH: (Month) MAR (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: ?

9. AGE last birthday: 70 ? yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Savoy

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Della Savoy, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral vascular accident — Interval between onset and death: 15 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) arteriosclerosis — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 7, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 7, 1955, and that death occurred at 9 05 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederick Mc Johnson M.D. ADDRESS La Plata, Md. DATE SIGNED Mar 9 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/12/55 — NAME OF CEMETERY OR CREMATORY St. Catherine — LOCATION (City, town, or county) (State) Port Tobacco Md.

DATE REC'D BY LOCAL REG. 3/9/55 — REGISTRAR'S SIGNATURE Julia R Posey

24. FUNERAL DIRECTOR Penny & Cope, Moon Springs Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02611

2623

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Pentsville
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denside X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) SIMPSON

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-7-11

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store - Groc.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin P. Simpson

14. MOTHER'S MAIDEN NAME: Ellen K. Goode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 219-16-1926

17. INFORMANT & ADDRESS: Bernadette Simpson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CORONARY Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Gen. Art. Sclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3-30-55

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 19 55 to 3-30, 19 55, that I last saw the deceased alive on 3-27, 19 55, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE R. Holden (DEGREE OR TITLE) M.D. (ADDRESS) La Plata Md. DATE SIGNED 3-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/2/55

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Bushwood Md.

DATE RECD BY LOCAL REG. 4/1/55

REGISTRAR'S SIGNATURE Julia A Posey

24. FUNERAL DIRECTOR Clinton Funeral Home

ADDRESS La Plata Md.

2624

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

045 90
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Marbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aerhart Funeral Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) UNIDENTIFIED (Middle) (Last) INFANT
4. DATE OF DEATH (Month) March (Day) 30 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: ?
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH:
9. AGE Last birthday: ? min. yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

795.3
Immediate cause (a) Viable male fetus-presumably drowned — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY creek
21c. (City or town) Near Marbury (County) Charles (State) Md.
21d. TIME OF INJURY (Month) March (Day) 30, (Year) 1955 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Found in water presumably drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremated
DATE THEREOF 5-11-55
NAME OF CEMETERY OR CREMATORY Morgue
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 13, 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02612

CERTIFICATE OF DEATH

2625

Reg. Dist. No. 160

Items 8,9, Film 179 3-18-55 et

1. PLACE OF DEATH: COUNTY Charles MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) Carlton (Last) Wedding

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 2 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Wedding

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: unk

17. INFORMANT & ADDRESS: Carlton Wedding Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3-1-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 19 55, to 3-6, 19 55, that I last saw the deceased alive on 3-6, 19 55, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Kellum MD ADDRESS La Plata Md DATE SIGNED 3-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-9-1955

NAME OF CEMETERY OR CREMATORY Pisgah Methodist

LOCATION (City, town, or county) (State) Pisgah Md.

DATE REC'D BY LOCAL REG. 3/10/55

REGISTRAR'S SIGNATURE Jules H. Savary

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02613

CERTIFICATE OF DEATH

2626 Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Waldorf; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X; STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Turner (Last) Willett

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 2, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Waldorf Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Willett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Marie Adell Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Myocardial Apoplexy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) C.V.D. DUE TO

(c) Senility

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17 to 3/21, 19 55, that I last saw the deceased alive on 3/21, 19 55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Waldorf Md DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-23-55 NAME OF CEMETERY OR CREMATORY Oakland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-22-55 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md